7/31/2006. OMB 0651-0032 Approve to the purpose Training Providing Surgery (No. 1995). OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED — PART I									. OTHER THAN		
Ŀ		(Col	umo 1)	(Cc	(Column 2)		SMALL ENTITY		OR SMALL		ENTITY
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
(37	CFR 1, 15(a))							;	OR		·
	AL CLAMS CFR 1.18(c))		minus 20 =				x s=		OR	x s=	
INDEPENDENT CLAIMS (37 OFR 1, 16(b))		KS .	minus 3 *				x s =		OR	x s =	
MUI	TIPLE DEPENDE	INT CLAIM PRESE	AIM PRESENT (37 CFR 1.15)				+5 •		OR	+5 •	
"If the difference in column 1 is tess than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
			•	4	•			10172			
CAMBAS AMENDED - PART II											THAN
	194	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
	Total (37 CFR LINES)	112	Minos	112	•		x \$ o		OR	x s_ =	720
Ë	Independent (37 CFR 1.18(h))	12	Minus		•	ı	x s		OR	x s =	
Ą	FIRST PRESENT	ATION OF MULTIPL	E DEPENDI	ENT CLAUN (37 CF	R 1.16(d))		• 5		OR	+5 .	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1-31-0(Qcolumn 1) (Column 2) (Column 3)										,-000	
8	1/ /	CLAIMS		HIGHEST	PRESENT	ſ			-		
AMENDMENT	120/00	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR 1,14(s))	17	Minus	1/2	• /		x s=		OR	x \$	
	Independent (37 CFR LIED)		Minus	" 12	•//	ſ	× 5		OR	<u>ب</u>	
Æ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))								OR	+ \$ ==	
						Ī	TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	•
b-	30-06	(Column 1)		(Column 2)	(Column 3)		•		•	. "	
ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	ſ	RATE	ADDI-		20.75	455
AMENDMENT		AFTER AMENOMENT		PREVIOUSLY PAID FOR	EXTRA	L	KATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CPR LINGS)	18	Minus	-112	•		x 8=		OR	x s=	
	Independent (37 CFR 1,180-9)	. 1	Minus	12	= ,		x s=		OR	x s	
_ `	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))						+ 5=		OR	+ 5=	
38,						_	TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
 If the only in column 1 is less than the entry in column 2, write "0" in column 3. If the Tightest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the Tightest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". 											

*** If the Trighest Number Proviously Paid For IN THIS SPACE is tess than 3, enter "3".

The Trighest Number Proviously Paid For I (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.